



## *Western Great Basin Coordination Center*

1340 Financial Blvd  
Reno, Nevada 89502

Phone: 775-861-6455  
Fax: 775-861-6459  
<http://gacc.nifc.gov/wgbc>

January 25, 2010

Memorandum: WBC-10-05

To: Wildland Fire and Aviation Community

From: Center Manager, Western Great Basin Coordination Center

Subject: Great Basin Critical Incident Stress Management Course

The Great Basin will be hosting a Critical Incident Stress Management Course, Basic Peer and Group Support March 1 -5, 2010 in Reno, Nevada. The course is intended for fire and aviation personnel who would be trained to identify with their peers who have experienced a critical incident. The course provides training in positive coping strategies for stress, and to help others validate their thoughts and emotions about an overwhelming trauma or loss. The course is not intended to replace the need for mental health care professionals or their roles and responsibilities.

Great Basin attendees who successfully complete the course would be expected to participate in the Great Basin CISM program and accept assignments. The Great Basin does not sponsor dedicated teams at this time. CISM teams are assembled at the time of request. Peer and group support team members are selected from a pool of nominees based on the type of incident, their experience, skills and availability. A team leader is assigned along with a mental health care professional.

The course will be held at the [Siena Spa and Hotel](#) in Reno, Nevada and begins at 0800 Monday, March 1 and concludes at 1200 on Friday March, 5. A block of rooms has been reserved under "Great Basin CISM Course" at a group rate of \$59 per night. Reservations may be made on-line or by calling 877-743-6233. Tuition is \$400.00 per student and is the responsibility of the sending agency. A credit card form is attached.

Additional information for the course and nomination forms can be found through the Great Basin Training Unit at [http://www.nationalfiretraining.net/course\\_session/show/id/1333.html](http://www.nationalfiretraining.net/course_session/show/id/1333.html). Nominations may be faxed or e-mailed to me. My fax number is 775-861-6459 and e-mail is [nstclair@nv.blm.gov](mailto:nstclair@nv.blm.gov). Nominations must be received no later than January 29, 2010. Information about the Great Basin Critical Incident Stress Management program can be found on our web site at [http://gacc.nifc.gov/wgbc/cism/cism\\_index.htm](http://gacc.nifc.gov/wgbc/cism/cism_index.htm).

Your contribution and effort is important to the continuing success of the Critical Incident Management program. If you have any questions, please contact me at 775-861-6455.

/s/ Nelda St. Clair

Attachment: Credit Card Payment Form

## NWCG INTERAGENCY TRAINING NOMINATION AND AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are tuition charges for the training.

### Part I - TRAINING NOMINATION

Course Number:	Course Name:	Priority ____ of ____	
IQCS Session Number:	Course Location:	Course Date(s):	
Course Tuition (if required):	Course Coordinator Name (First Last):	Course Coordinator Phone:	
Date Submitted:	Course Coordinator E-Mail:	Course Coordinator FAX:	
Employee's IQCS ID Number:			
Nominee's Name (First MI Last):			
Working Job Title:		E-Mail:	
Agency Name:		Fax:	
Home Unit:		Nominee's Mailing Address (if different):	
Street:		Street:	
City:	State:	City:	State:
Zip:	Telephone:	Zip:	Telephone:
List training completed and dates pertinent to this course:			
List your past qualifications pertinent to this course:			
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)			
Supervisor's Signature: (I certify the nominee meets the prerequisites, or, if not met, I will put the reasons for attending the course in Remarks.)			

Remarks:

PMS 921-2(799) NFES-2131 Nom form

**PART II - AGREEMENT TO COLLECT FUNDS (Complete only if there is a tuition charge)**

**Course Name:** \_\_\_\_\_ **Nominee Name:** \_\_\_\_\_

Please check the section appropriate to the legal authority to collect monies and complete the address/signature block. This form must be signed by an individual with authority to sign agreements and obligate the funds listed. Note: Tribal governments are not covered by the Intergovernmental Cooperation Act of 1968.

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**NON-FEDERAL AGENCIES:** Contractor, states, local governments engaged in fire suppression and protection of public lands. This training, payment, and collection is duly authorized under the Intergovernmental Cooperation Act of 1968 as amended by the act of September 13, 1982 (P.L. 97-258), Section 6505. The NWCG Interagency Training Nomination constitutes written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signature is also certifying services requested cannot be procured reasonably and expeditiously through ordinary business channels and funds are available. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE (Include required fiscal references): \_\_\_\_\_

Agreement Number: \_\_\_\_\_

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**OTHER FEDERAL AGENCIES:** This training, payment, and collection is duly authorized under Section 601 of the Economy Act of June 30, 1932 (31 USC 1535) as amended. The NWCG Interagency Training Nomination constitutes the required written request and it is understood the bill for the training will consist of tuition plus all other identifiable costs as provided by law. Authorizing signatures is also certifying services requested are in the best interest of the United States; cannot be procured by contract as conveniently or cheaply from a commercial source and appropriate funds are available for this purpose. Provider's signature certifies the agency is offering similar services for its own use.

COMPLETE CHARGE CODE (Include agency location): \_\_\_\_\_

Agreement Number: \_\_\_\_\_

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**SAME AGENCY AS PROVIDER:** The NWCG Interagency Training Nomination constitutes agreement to pay charges as outlined in nomination materials. Authorizing signature certifies funds are available for this purpose.

COMPLETE CHARGE CODE (Including Override): \_\_\_\_\_

Agreement Number: \_\_\_\_\_

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**ADDRESS/SIGNATURE:**

Billing address (if different than Sponsor or Agency Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED TO EXPEND FUNDS LISTED  
ABOVE:**

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_ Title:

\_\_\_\_\_

**AGREES TO PROVIDE TRAINING REQUESTED:**

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_ Title:

\_\_\_\_\_